

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF WASHINGTON	
Case number (if known)	16-13086		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 548,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 548,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 98,719.03
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 646,719.03

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 434,554.16
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 434,554.16
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 126,044.32
		Your total liabilities \$ 560,598.48

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 8,775.81
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 8,775.81
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,885.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,885.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **9,332.51**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>37,706.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>37,706.00</u>

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	First Name	Middle Name	Last Name
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(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON			
Case number	16-13086		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

19010 22nd Ave. NE

Street address, if available, or other description

Lake Forest Park WA 98155-0000

City State ZIP Code

King

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$548,000.00

Current value of the portion you own?

\$548,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Parcel No.: 866590-0333

Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 MIN 33 SEC E 115 FT TO TPOB TH N 00 DEG 48 MIN 01 SEC E 35.01 FT TH N 38 DEG 58 MIN 39 SEC E 107.5 FT TH S 87 DEG 53 MIN 33 SEC E 147 FT M/L TO C/L OF CREEK TH SWLY ALG C/L 121 FT M/L TO PT WCH BEARS S 87 DEG 53 MIN 33 SEC E 173 FT FR TPOB TH N 87 DEG 53 MIN 33 SEC W 173 FT TO TPOB & 1/5 INT IN FOLG BEG NW COR OF PARK TH S 00 DEG 48 MIN 01 SEC W 146.36 FT TO POB TH S 87 DEG 53 MIN 33 SEC E 115 FT TH S 00 DEG 48 MIN 01 SEC W 30.01 FT TH N 87 DEG 53 MIN 33 SEC W 64.53 FT TO PT OF CURVE RAD OF 20 FT TH SWLY ALG SD CURVE TO LFT THRU CENTRAL ANGLE OF 91 DEG 18 MIN 26 SEC DIST OF 31.87 FT TO PT OF TANGENCY TH S 00 DEG 48 MIN 01 SEC W 367.35 FT TO N MGN OF LAGO PL TH NWLY ALG SD N MGN TO W MGN OF PARK TH N 00 DEG 48 MIN 01 SEC E 390.29 FT TO TPOB

FMV: Bank Valuation

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Debtor 2 **Grace H. Lanham**Case number (if known) **16-13086**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$548,000.00**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No Yes3.1 Make: **Honda**
Model: **Odyssey**
Year: **2006**
Approximate mileage: **153433**

Other information:

Condition: Poor
Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155**Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$3,720.00****\$3,720.00**3.2 Make: **Toyota**
Model: **Rav 4**
Year: **2008**
Approximate mileage: **78502**

Other information:

Condition: Poor
Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155**Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$8,134.00****\$8,134.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$11,854.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Stove/Oven****Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155****\$100.00****Refrigerator****Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155****\$100.00**

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Microwave Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Washing Machine Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Clothing Dryer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Dining Table & Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Kitchen Table & Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Sectional Sofa Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Sectional Sofa Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$75.00
Rocking Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$25.00
Rocking Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Accent Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
End Table Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Piano Bench Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Bed Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Night Stands Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Dressers Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$45.00

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Twin Beds/Mattresses Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$165.00
Desks/Desk Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Kids Storage Systems Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$30.00
Bookcases Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
Kitchen Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Cabinet Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$20.00
Couch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Wardrobe Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$25.00
Dishes Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
Cookware Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$150.00
Linens Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Coffee Pot Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Tea Kettle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5.00
Vacuum Cleaner Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Books Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$200.00

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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

TV Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
DVD Player Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5.00
Desktop Computer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$25.00
Computer Monitor Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Printer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5.00
Portable DVD Player Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5.00
i-Pad Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
Surface Tablet Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$500.00
Laptop Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$75.00
Mac Laptop Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
i-Phone Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$75.00
i-Phone Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$25.00
i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00

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i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$10.00
Cell Phones Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$20.00
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
Kindle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

Antique Trunk Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$300.00
Antique Secretary Desk Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$150.00
Antique Bookcase Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$50.00
DVDs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$75.00
CDs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

Piano Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$140.00
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Skis & Poles Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
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Bikes Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$40.00
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Gardening Equipment Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$100.00
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10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Assorted Children's Clothing Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$2,000.00
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Assorted Adult Clothing & Accessories Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$2,000.00
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12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Assorted Jewelry Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$2,000.00
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13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

3 Family Dogs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$15.00
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Family Cat Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5.00
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14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

Garden Shed Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$150.00
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15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$10,200.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured
claims or exemptions.16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash
Location:
19010 22nd
Ave. NE, Lake
Forest Park
WA 98155

\$115.0017. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

Chase
Last 4: 2182
Balance includes 2015 Tax Refund
Location: 19010 22nd Ave. NE, Lake Forest
Park WA 98155

\$3,539.9817.1. **Checking**

Chase Savings
Last 4: 7561
Location: 19010 22nd Ave. NE, Lake Forest
Park WA 98155

\$37.5717.2. **Savings**18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

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401(k)	Ascensus 401(K) PSP & Trust Last 4: 7729 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$2,429.84
401(k)	Charles Schwab-Homestreet 401(k) Retirement Plan Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$1,260.79
401(k)	KCSARC 401(K) Plan Last 4: 2332 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155	\$5,572.45

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.

Issuer name and description.

TIAA-Cref**Last 4: 0214****Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155****\$63,509.40****24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.

Debtor 1 **Catherine L. Lanham**
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28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2015 Tax Refund Filed : 5/31/2016 \$3775.00 Deposited on 6/8/2016 into Chase Checking and exempted	Federal	\$0.00
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29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$76,465.03

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

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Case number (if known) **16-13086**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes.....

Rabbits and Chickens

Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155

\$200.00

48. Crops—either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes.....

50. Farm and fishing supplies, chemicals, and feed

No
 Yes.....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$200.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 **Catherine L. Lanham**
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Case number (if known) **16-13086**

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	.....	\$548,000.00
56. Part 2: Total vehicles, line 5	.....	\$11,854.00
57. Part 3: Total personal and household items, line 15	.....	\$10,200.00
58. Part 4: Total financial assets, line 36	.....	\$76,465.03
59. Part 5: Total business-related property, line 45	.....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	.....	\$200.00
61. Part 7: Total other property not listed, line 54	+	\$0.00
62. Total personal property. Add lines 56 through 61...	.....	\$98,719.03
		Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$646,719.03

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF WASHINGTON</u>			
Case number (if known)	<u>16-13086</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
19010 22nd Ave. NE Lake Forest Park, WA 98155 King County Parcel No.: 866590-0333 Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 MIN 33 SEC E 115 Line from <i>Schedule A/B</i> : 1.1	\$548,000.00	<input checked="" type="checkbox"/> \$125,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code §§ 6.13.010, 6.13.020, 6.13.030
2006 Honda Odyssey 153433 miles Condition: Poor Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 3.1	\$3,720.00	<input checked="" type="checkbox"/> \$3,720.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(iii)
2008 Toyota Rav 4 78502 miles Condition: Poor Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 3.2	\$8,134.00	<input checked="" type="checkbox"/> \$2,780.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(iii)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
2008 Toyota Rav 4 78502 miles Condition: Poor Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 3.2	\$8,134.00	<input checked="" type="checkbox"/> \$1,822.43 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Stove/Oven Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Refrigerator Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.2	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Microwave Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.3	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Washing Machine Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.4	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Clothing Dryer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.5	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Dining Table & Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.6	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Kitchen Table & Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.7	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Sectional Sofa Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.8	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Sectonal Sofa Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.9	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Rocking Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i>: 6.10	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Rocking Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.11	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Accent Chair Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.12	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
End Table Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.13	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Piano Bench Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.14	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Bed Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.15	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Night Stands Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.16	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Dressers Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.17	\$45.00	<input checked="" type="checkbox"/> \$45.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Twin Beds/Mattresses Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.18	\$165.00	<input checked="" type="checkbox"/> \$165.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Desks/Desk Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.19	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Kids Storage Systems Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.20	\$30.00	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Bookcases Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.21	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Kitchen Chairs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.22	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Cabinet Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.23	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Couch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.24	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Wardrobe Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.25	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Dishes Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.26	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Cookware Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.27	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Linens Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.28	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Coffee Pot Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.29	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Tea Kettle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.30	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Vacuum Cleaner Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.31	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Books Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 6.32	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
TV Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
DVD Player Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Desktop Computer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.3	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Computer Monitor Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.4	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Printer Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.5	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Portable DVD Player Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.6	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Pad Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.7	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Surface Tablet Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.8	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Laptop Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.9	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Mac Laptop Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.10	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Phone Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.11	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
i-Phone Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.12	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.13	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.14	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Pod Shuffle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.15	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Cell Phones Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.16	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.17	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.18	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
i-Touch Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.19	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Kindle Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 7.20	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Antique Trunk Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 8.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Antique Secretary Desk Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 8.2	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Antique Bookcase Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 8.3	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
DVDs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 8.4	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(b)
CDs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 8.5	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(b)
Piano Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 9.1	\$140.00	<input checked="" type="checkbox"/> \$140.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(i)
Skis & Poles Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 9.2	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Bikes Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 9.3	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Gardening Equipment Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 9.4	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Assorted Children's Clothing Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 11.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(a)
Assorted Adult Clothing & Accessories Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 11.2	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(a)
Assorted Jewelry Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 12.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(a)
3 Family Dogs Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 13.1	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Family Cat Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 13.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Garden Shed Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 14.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Cash Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 16.1	\$115.00	<input checked="" type="checkbox"/> \$115.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Checking: Chase Last 4: 2182 Balance includes 2015 Tax Refund Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 17.1	\$3,539.98	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
Savings: Chase Savings Last 4: 7561 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 17.2	\$37.57	<input checked="" type="checkbox"/> \$37.57 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)
401(k): Ascensus 401(K) PSP & Trust Last 4: 7729 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 21.1	\$2,429.84	<input checked="" type="checkbox"/> \$2,429.84 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.020(3)
401(k): Charles Schwab-Homestreet 401(k) Retirment Plan Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 21.2	\$1,260.79	<input checked="" type="checkbox"/> \$1,260.79 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.020(3)
401(k): KCSARC 401(K) Plan Last 4: 2332 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 21.3	\$5,572.45	<input checked="" type="checkbox"/> \$5,572.45 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.020(3)
TIAA-Cref Last 4: 0214 Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 23.1	\$63,509.40	<input checked="" type="checkbox"/> \$63,509.40 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.020(1)
Rabbits and Chickens Location: 19010 22nd Ave. NE, Lake Forest Park WA 98155 Line from <i>Schedule A/B</i> : 47.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code § 6.15.010(1)(c)(ii)

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF WASHINGTON</u>			
Case number (if known)	<u>16-13086</u>		

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
-----------------	---	---	--	---

2.1 Jpm Chase	19010 22nd Ave. NE Lake Forest Park, WA 98155 King County Parcel No.: 866590-0333 Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 M	\$75,162.53	\$548,000.00	\$0.00
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**Po Box 24696
Columbus, OH 43224**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt Home Equity Line of Credit

**Opened
04/06 Last
Active
5/29/16**

Date debt was incurred

Last 4 digits of account number 1386

2.2 Specialized Loan Servicing

Describe the property that secures the claim:	\$359,391.63	\$548,000.00	\$0.00
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Debtor 1 Catherine L. Lanham	Case number (if known)	16-13086		
First Name _____	Middle Name _____	Last Name _____		
Debtor 2 Grace H. Lanham				
First Name _____	Middle Name _____	Last Name _____		
<table border="0"> <tr> <td>Creditor's Name _____</td> <td>19010 22nd Ave. NE Lake Forest Park, WA 98155 King County Parcel No.: 866590-0333 Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 M</td> </tr> </table>			Creditor's Name _____	19010 22nd Ave. NE Lake Forest Park, WA 98155 King County Parcel No.: 866590-0333 Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 M
Creditor's Name _____	19010 22nd Ave. NE Lake Forest Park, WA 98155 King County Parcel No.: 866590-0333 Legal Desc.: TRAFFORD PARK TRS UNREC VAL OF UNDEEDED STS & ALLEYS INCL IN ADJ LOTS POR OF PARK & OF TR BEG NW COR TH S ALG W LN 181.37 FT TH S 87 DEG 53 M			
<p>PO Box 636005 Littleton, CO 80163-6005</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage</p>				
Date debt was incurred _____	Last 4 digits of account number	9726		
<p>Add the dollar value of your entries in Column A on this page. Write that number here: \$434,554.16 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$434,554.16</p>				
<p>Part 2: List Others to Be Notified for a Debt That You Already Listed</p> <p>Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.</p> <p><input type="checkbox"/> Name, Number, Street, City, State & Zip Code SLS 8742 Lucent Blvd. Suite 300 Littleton, CO 80129</p> <p>On which line in Part 1 did you enter the creditor? 2.2</p> <p>Last 4 digits of account number 9726</p>				

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON			
Case number (if known)	16-13086		

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	American Medical Collections Nonpriority Creditor's Name PO Box 1235 Elmsford, NY 10523-0935 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number 9489 When was the debt incurred? 2/25/2015 As of the date you file, the claim is: Check all that apply	\$562.00
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services-Collections Dynacare	

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

4.2	American Medical Collections Nonpriority Creditor's Name PO Box 1235 Elmsford, NY 10523-0935 Number Street City State Zip Code	Last 4 digits of account number 9489	\$562.00
		When was the debt incurred? 2/25/2015	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Medical-Collections for Dynacare		
4.3	Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 7763	\$21,454.00
		When was the debt incurred? Opened 02/01 Last Active 1/09/16	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Credit Card		
4.4	Arstrat Nonpriority Creditor's Name Swedish Medical Center PO Box 660064 Mailstop 23362674 Dallas, TX 75266 Number Street City State Zip Code	Last 4 digits of account number 3327	\$2,027.17
		When was the debt incurred? Unknown	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Medical Services		

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

<p>4.5</p> <p>Arstrat Nonpriority Creditor's Name 9800 Centre Parkwa Houston, TX 77036 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6832</p> <p>When was the debt incurred? Last Active 3/13/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Medical-Collections for Swedish Medical Center</p>
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4.6	Audit & Adjustment	Last 4 digits of account number	0227	\$338.49
Nonpriority Creditor's Name				
20700 44th Ave. W Suite 100 Lynnwood, WA 98046		When was the debt incurred?	2/17/2015	
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Medical Service--Collection NW Hospital				

<div style="border: 1px solid black; padding: 2px;">4.7</div> <p>Audit & Adjustment</p> <p>Nonpriority Creditor's Name 20700 44th Ave. W Suite 100 Lynnwood, WA 98046</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0228</p> <p>When was the debt incurred? 2/18/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Service--Collection NW Hospital</p>
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Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

4.8

Audit & Adjustment

Nonpriority Creditor's Name

20700 44th Ave. W**Suite 100****Lynnwood, WA 98046**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0230**\$169.68**

When was the debt incurred?

4/2/2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services-Collectiton NW Hospital**

4.9

Audit & Adjustment

Nonpriority Creditor's Name

20700 44th Ave. W**Suite 100****Lynnwood, WA 98046**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0229**\$423.19**

When was the debt incurred?

4/2/2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services-Collectiton NW Hospital**

4.1
0**Audit & Adjustment**

Nonpriority Creditor's Name

20700 44th Ave. W**Suite 100****Lynnwood, WA 98046**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

7316**\$391.00**

When was the debt incurred?

9/12/2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services-Collectiton NW Hospital**

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

4.1 1	Audit & Adjustment Nonpriority Creditor's Name 20700 44th Ave. W Suite 100 Lynnwood, WA 98046 Number Street City State Zip Code	Last 4 digits of account number 7315	\$ 78.03
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 9/17/2015	
	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical--Collections for NW Hospital		
4.1 2	Ballard Emergency Phys Nonpriority Creditor's Name PO Box 95489 Oklahoma City, OK 73143-5489 Number Street City State Zip Code	Last 4 digits of account number 6622	\$ 46.28
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 12/14/2014	
	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		
4.1 3	Ballard Emergency Phys Nonpriority Creditor's Name PO Box 95489 Oklahoma City, OK 73143-5489 Number Street City State Zip Code	Last 4 digits of account number 1244	\$ 46.28
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 2/22/2015	
	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-130864.1
4**Ballard Emergency Phys.**

Nonpriority Creditor's Name

**PO Box 95489
Oklahoma City, OK 73143-5489**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

7381**\$35.12**

When was the debt incurred?

10/28/2014

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services**

4.1
5**Ballard Emergency Phys.**

Nonpriority Creditor's Name

**PO Box 95489
Oklahoma City, OK 73143-5489**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

5844**\$74.89**

When was the debt incurred?

1/29/2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Service**

4.1
6**Bank Of America**

Nonpriority Creditor's Name

**Nc4-105-03-14
Po Box 26012
Greensboro, NC 27410**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

2988**\$16,866.00****Opened 10/02 Last Active
9/02/15**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 7</div> <p>Bird & Exotic Clinic Nonpriority Creditor's Name 4019 Aurora Ave. Seattle, WA 98103 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Services <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0863</p> <p>When was the debt incurred? 11/13/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services</p>	<p>\$0.00</p>
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 8</div> <p>Boeing Ecu Nonpriority Creditor's Name Po Box 97050 Seattle, WA 98124 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 1071</p> <p>When was the debt incurred? Opened 08/11 Last Active 12/02/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 9</div> <p>Boeing Ecu Nonpriority Creditor's Name Po Box 97050 Seattle, WA 98124 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 3896</p> <p>When was the debt incurred? Opened 8/11/11 Last Active 10/16/13</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>

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4.2 0	Boeing Employee Credit Union Nonpriority Creditor's Name Po Box 97050 Attn: Bankruptcy, MS 1155-1 Seattle, WA 98124 Number Street City State Zip Code	Last 4 digits of account number 3593	\$9,894.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 05/11 Last Active 2/29/16	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Check Credit Or Line Of Credit		

4.2 1	Boeing Employee Credit Union Nonpriority Creditor's Name Po Box 97050 Attn: Bankruptcy, MS 1155-1 Seattle, WA 98124 Number Street City State Zip Code	Last 4 digits of account number 6065	\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 11/06 Last Active 5/20/11	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Check Credit Or Line Of Credit		

4.2 2	Branch, Richards, & Co. Nonpriority Creditor's Name 155 NE 100th St. Suite 410 Seattle, WA 98125-8010 Number Street City State Zip Code	Last 4 digits of account number	\$335.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 5/31/2016	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services		

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4.2 3	<p>Chase Mtg Nonpriority Creditor's Name</p> <p>Po Box 24696 Columbus, OH 43224</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0865</p> <p>When was the debt incurred? Opened 03/11 Last Active 9/12/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Real Estate Mortgage</p>	<p>Unknown</p>
4.2 4	<p>Chase Mtg Nonpriority Creditor's Name</p> <p>Po Box 24696 Columbus, OH 43224</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3627</p> <p>When was the debt incurred? Opened 12/05 Last Active 3/14/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Real Estate Mortgage</p>	<p>\$0.00</p>
4.2 5	<p>Citibank / Sears Nonpriority Creditor's Name</p> <p>Attn: Centralized BK Po Box 790040 Saint Louis, MO 63179</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6059</p> <p>When was the debt incurred? Opened 06/99 Last Active 1/17/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>\$4,705.00</p>

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4.2
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Citibank/The Home Depot <small>Nonpriority Creditor's Name</small>	Last 4 digits of account number 7374	\$4,195.00
Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 <small>Number Street City State Zip Code</small>	When was the debt incurred? Opened 06/10 Last Active 3/07/16	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

4.2
7

Comenity Bank/Rest Hardware <small>Nonpriority Creditor's Name</small>	Last 4 digits of account number 5095	\$0.00
Po Box 182125 Columbus, OH 43218 <small>Number Street City State Zip Code</small>	When was the debt incurred? Opened 09/02 Last Active 10/15/10	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

4.2
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Coram <small>Nonpriority Creditor's Name</small>	Last 4 digits of account number B968	\$37.72
39173 Treasury Ctr. Chicago, IL 60684-9173 <small>Number Street City State Zip Code</small>	When was the debt incurred? 5/23/2015	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	

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4.2
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Drs. Ranta, Russell & Habsen Nonpriority Creditor's Name 3819 NE 45th St. Seattle, WA 98105 Number Street City State Zip Code	Last 4 digits of account number 3672	\$ 1,161.41
Who incurred the debt? Check one.	When was the debt incurred? Unknown	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Services <input type="checkbox"/> Yes		

4.3
0

Fischer Plumbing Nonpriority Creditor's Name 1115 NW 51st St. Seattle, WA 98107 Number Street City State Zip Code	Last 4 digits of account number 8077	\$ 1,866.51
Who incurred the debt? Check one.	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Parts and Services <input type="checkbox"/> Yes		

4.3
1

Frank Freed Sublit & Thomas Nonpriority Creditor's Name 705 Second Ave. Suite 1200 Seattle, WA 98104 Number Street City State Zip Code	Last 4 digits of account number	\$ 1,040.16
Who incurred the debt? Check one.	When was the debt incurred? 1/4/2016	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Services <input type="checkbox"/> Yes		

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4.3 2	Glass Doctor Nonpriority Creditor's Name 22868 Pacific Hwy. S Seattle, WA 98198 Number Street City State Zip Code	Last 4 digits of account number 8205	\$316.56
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Parts and Services <input type="checkbox"/> Yes			
When was the debt incurred? 8/24/2015			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Parts and Services			
4.3 3	Interpath Labs Nonpriority Creditor's Name 2460 SW Perkins Ave. PO Box 1208 Pendleton, OR 97801-0780 Number Street City State Zip Code	Last 4 digits of account number 1622	\$11.11
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Services <input type="checkbox"/> Yes			
When was the debt incurred? 4/16/2015			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services			
4.3 4	Interpath Labs Nonpriority Creditor's Name 2460 SW Perkins Ave. PO Box 1208 Pendleton, OR 97801-0780 Number Street City State Zip Code	Last 4 digits of account number 1622	\$11.11
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Services <input type="checkbox"/> Yes			
When was the debt incurred? 4/16/2015			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services			

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 Debtor 2 **Grace H. Lanham**

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4.3
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LCA Collections Nonpriority Creditor's Name PO Box 8008 Burlington, NC 27216-8008 Number Street City State Zip Code	Last 4 digits of account number 0500	\$ 9.12
Who incurred the debt? Check one.	When was the debt incurred? Unknown	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services-Collection Dynacare Labs		

4.3
6

Lorna Wiltturner Nonpriority Creditor's Name 371 NE Gilman Blvd Suite 150 Issaquah, WA 98027-2901 Number Street City State Zip Code	Last 4 digits of account number 0764	\$ 120.00
Who incurred the debt? Check one.	When was the debt incurred? 7/17/2015 & 7/24/2015	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		

4.3
7

Minor & James Nonpriority Creditor's Name PO Box 3489 Seattle, WA 98114-3489 Number Street City State Zip Code	Last 4 digits of account number 3945	\$ 30.65
Who incurred the debt? Check one.	When was the debt incurred? 2/1/2016	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services		

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4.3 8	<p>Navient Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0117</p> <p>When was the debt incurred? Opened 01/90 Last Active 10/02/09</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>	<p>\$37,706.00</p>
Student Loan			
4.3 9	<p>Northwest Hospital Nonpriority Creditor's Name UWMC PO Box 34737 Seattle, WA 98124-1737 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1246</p> <p>When was the debt incurred? 1/1/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>	<p>\$721.60</p>
4.4 0	<p>Northwest Hospital Nonpriority Creditor's Name Patient Financial Services 10330 Meridian Ave. N Ste. 260 Seattle, WA 98133-9988 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0811</p> <p>When was the debt incurred? 1/12/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>	<p>\$255.17</p>

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 1</div> <p>Northwest Hospital Nonpriority Creditor's Name Patient Financial Services 10330 Meridian Ave. N Ste. 260 Seattle, WA 98133-9988 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0107</p> <p>When was the debt incurred? 1/16/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>	<p>\$360.79</p>	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 2</div> <p>Northwest Hospital Nonpriority Creditor's Name UWMC PO Box 34737 Seattle, WA 98124-1737 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 0145</p> <p>When was the debt incurred? 2/27/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>	<p>\$345.01</p>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 3</div> <p>Olympic Collections Nonpriority Creditor's Name 16040 Christensen Rd. Suite 214 Seattle, WA 98188 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 1960</p> <p>When was the debt incurred? Unknown</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services-Collections Seattle Gastroenterology Associates</p>	<p>\$348.00</p>

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 4</div> <p>Overlake Medical Nonpriority Creditor's Name Internal Medicine Asso. 1407 116th Ave. NE Suite 200 Seattle, WA 98124-8488 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2780</p> <p>When was the debt incurred? multiple</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>	<p>\$222.24</p>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 5</div> <p>Overlake Sleep Disorders Cente Nonpriority Creditor's Name DME Department PO Box 84088 Seattle, WA 98124-8488 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number 2692</p> <p>When was the debt incurred? Unknown</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 6</div> <p>PolyClinic Nonpriority Creditor's Name Payment Processing Center PO Box 660827 Mailstop 24922393 Dallas, TX 75266-0827 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number 1973</p> <p>When was the debt incurred? 2/10/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>		

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

4.4 7	<p>Renton Collections Nonpriority Creditor's Name PO Box 272 Renton, WA 98055 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2229</u></p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Medical Services--Collections Ballard</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Emergency Phys.</u></p>	\$51.79
4.4 8	<p>Renton Collections Nonpriority Creditor's Name Po Box 272 Renton, WA 98057 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3683</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Medical- Collections for Ballard Emer Phys</p>	\$83.00
4.4 9	<p>Renton Collections Nonpriority Creditor's Name Po Box 272 Renton, WA 98057 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2022</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Medical-- Collections for Ballard Emer Phys</p>	\$82.00

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

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4.5 0	Renton Collections Nonpriority Creditor's Name Po Box 272 Renton, WA 98057 Number Street City State Zip Code	Last 4 digits of account number 4498	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Last Active 4/10/14	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical-- Collections for Ballard Emer Phys	

4.5 1	Renton Collections Nonpriority Creditor's Name Po Box 272 Renton, WA 98057 Number Street City State Zip Code	Last 4 digits of account number 8612	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Last Active 4/10/14	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical-- Collections for Seattle Emer Phys	

4.5 2	Renton Collections Nonpriority Creditor's Name Po Box 272 Renton, WA 98057 Number Street City State Zip Code	Last 4 digits of account number 8421	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Last Active 4/10/14	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical--Collections for Seattle Emer Phys	

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

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4.5 **3**

Simons & Lowe Nonpriority Creditor's Name 721 N. 182nd St. Suite 303 Seattle, WA 98133-4400	Last 4 digits of account number 3523	\$ 461.00
Number Street City State Zip Code	When was the debt incurred? Unknown	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify Medical Services		

4.5 **4**

State Collection Agency Nonpriority Creditor's Name PO Box 6250 Madison, WI 53716-0250	Last 4 digits of account number 3513	\$ 102.80
Number Street City State Zip Code	When was the debt incurred? 12/16/2014	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify Medical Services		

4.5 **5**

State Collection Agency Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716	Last 4 digits of account number 0003	\$ 225.00
Number Street City State Zip Code	When was the debt incurred? Opened 05/15 Last Active 7/14/15	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify Collection Attorney University Of Washington Physi		

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

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4.5 6	State Collection Agency Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716 Number Street City State Zip Code	Last 4 digits of account number 3513	\$106.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 01/16	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collection Attorney <u>University Of Washington Medic</u>	

4.5 7	State Collection Agency Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716-0250 Number Street City State Zip Code	Last 4 digits of account number 5970	\$57.84
	Who incurred the debt? Check one.	When was the debt incurred? 5/22/2015	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other. Specify <u>Medical-Collections for NW Hospital</u>	

4.5 8	Swedish Medical Center Nonpriority Creditor's Name PO Box 660354 Mailstop 37268915 Dallas, TX 75266-0354 Number Street City State Zip Code	Last 4 digits of account number 2992	\$2,434.82
	Who incurred the debt? Check one.	When was the debt incurred? Unknown	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other. Specify <u>Medical Services</u>	

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

4.5 9	<p>Synchrony Bank/Gap Nonpriority Creditor's Name</p> <p>Po Box 965064 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9254</p> <p>When was the debt incurred? Opened 01/07 Last Active 9/16/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$1,502.00
4.6 0	<p>Target Nonpriority Creditor's Name</p> <p>Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9235</p> <p>When was the debt incurred? Opened 5/21/07 Last Active 7/28/07</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$0.00
4.6 1	<p>Tri-Med Transportation Nonpriority Creditor's Name</p> <p>18821 East Valley Hwy Kent, WA 98032-1219</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0413</p> <p>When was the debt incurred? 6/24/2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>	\$55.00

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-130864.6
2**Unique National Collections**

Nonpriority Creditor's Name

**119 E Maple St
Jeffersonville, IN 47130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0839**\$97.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections for the Seattle Public Library**

4.6
3**Usaa Savings Bank**

Nonpriority Creditor's Name

**10750 Mc Dermott
San Antonio, TX 78288**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0041**\$4,532.00****Opened 05/11 Last Active
9/09/15**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.6
4**UW Medical Center**

Nonpriority Creditor's Name

**PO Box 34737
Seattle, WA 98124-1737**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4856**\$442.08****When was the debt incurred? 1/11/2016**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services**

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.6 5</div> <p>UWMC Nonpriority Creditor's Name PO Box 50095 Seattle, WA 98145-5095 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify Medical Services</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1101</p> <p>When was the debt incurred? 1/11/2016</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$115.28</p>
<p>Visa Dept Store National Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number 0130</p> <p>When was the debt incurred? Opened 10/04/99 Last Active 3/26/08</p> <p>As of the date you file, the claim is: Check all that apply</p>		
<p>William Healey MD Nonpriority Creditor's Name 901Boren St. 1910 Seattle, WA 98104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify Medical Services</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number 356</p> <p>When was the debt incurred? Unknown</p> <p>As of the date you file, the claim is: Check all that apply</p>		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

GC Services Ltd
PO Box 3855
Houston, TX 77253

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7286

Name and Address

NES
2479 Edison Blvd.
Unit A
Twinsburg, OH 44087-2340

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0003

Name and Address

Northstar Location Services
Financial Services Dept.
4285 Genesee St.
Buffalo, NY 14225-1943

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Zwicker & Associates PC
12550 SE 93rd Ave.
Suite 430
Clackamas, OR 97015

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8SEA

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total Claim	
		6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	Total Claim	
		6f.	\$ 37,706.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 88,338.32
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 126,044.32

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF WASHINGTON	
Case number (if known)	16-13086		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name Number Street City State ZIP Code			
2.2			
Name Number Street City State ZIP Code			
2.3			
Name Number Street City State ZIP Code			
2.4			
Name Number Street City State ZIP Code			
2.5			
Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON			
Case number (if known)	16-13086		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes.

In which community state or territory did you live? **-NONE-** . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1 Catherine L. Lanham
 Debtor 2 Grace H. Lanham
 (Spouse, if filing)
 United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON
 Case number 16-13086
 (If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Manager</u>	<u>Para-educator</u>
Employer's name	<u>Homestreet Bank</u>	<u>Shoreline School District</u>
Employer's address	<u>601 Union St.</u> <u>Suite 1900</u> <u>Seattle, WA 98101</u>	<u>18560 1st Ave. NE</u> <u>Seattle, WA 98155</u>

How long employed there? 2 months

7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>8,333.34</u>	\$ <u>1,190.35</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>8,333.34</u>	\$ <u>1,190.35</u>

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	\$ 8,333.34	\$ 1,190.35

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions. Specify: FSA Dependent Care**

5a.	\$ 1,260.38	\$ 41.44
5b.	\$ 0.00	\$ 0.00
5c.	\$ 420.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 89.66	\$ 489.28
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 22.30
5h.+	\$ 400.00	+ \$ 0.00
	\$ 127.50	\$ 212.50
	\$ 44.00	\$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 2,341.54	\$ 765.52
----	--------------------	------------------

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 5,991.80	\$ 424.83
----	--------------------	------------------

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8b. **Interest and dividends**

8b.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8d. **Unemployment compensation**

8d.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8e. **Social Security**

8e.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8f. **Other government assistance that you regularly receive**
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

8f.	\$ 0.00	\$ 2,359.18
-----	----------------	--------------------

Specify: **State of Washington Aid for Children**

8g.	\$ 0.00	\$ 0.00
-----	----------------	----------------

8g. **Pension or retirement income**

8h.+	\$ 0.00	+ \$ 0.00
------	----------------	------------------

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 0.00	\$ 2,359.18
----	----------------	--------------------

10. Calculate monthly income. Add line 7 + line 9.

10.	\$ 5,991.80	+ \$ 2,784.01	= \$ 8,775.81
-----	--------------------	----------------------	----------------------

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
 Specify: _____

11. **+\$ 0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. **\$ 8,775.81**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

State support for one of the Debtors' children will drop to \$100 per month as of September 1, 2016. Joint Debtor's hours will drop to 4.50 per day for 195 days. This pay will be annualized over 12 months.

Health insurance deduction from Joint Debtor's income will increase to \$898 in July 2016.

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham
Debtor 2	Grace H. Lanham
(Spouse, if filing)	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON
Case number	16-13086
(If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son

5

No

Yes

Daughter

6

No

Yes

Daughter

12

No

Yes

Daughter

14

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ **0.00**

4b. \$ **0.00**

4c. \$ **0.00**

4d. \$ **0.00**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ **0.00**

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>350.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

7. Food and housekeeping supplies

8. Childcare and children's education costs	8. \$ <u>300.00</u>
---	---------------------

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>185.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ <u>0.00</u>

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

Specify: **Elderly Parent**

\$ <u>100.00</u>

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

21. Other: Specify: **Pet Food and Care**

21. +\$ <u>200.00</u>

22. Calculate your monthly expenses

22a. Add lines 4 through 21.	\$ <u>4,885.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,885.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,885.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>8,775.81</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,885.00</u>

23c. \$ <u>3,890.81</u>

23c. Subtract your monthly expenses from your monthly income.	\$ <u>3,890.81</u>
The result is your monthly net income.	

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON		
Case number (if known)	<u>16-13086</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Catherine L. Lanham

Catherine L. Lanham
Signature of Debtor 1

Date June 24, 2016

/s/ Grace H. Lanham

Grace H. Lanham
Signature of Debtor 2

Date June 24, 2016

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham		
	First Name	Middle Name	Last Name
Debtor 2	Grace H. Lanham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON			
Case number	16-13086		
(if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$29,166.29	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,561.64

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**Case number (if known) **16-13086**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$70,985.23	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$6,803.26
For the calendar year before that: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$82,125.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$14,956.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	State of Washington	\$0.00	State of Washington Health and Social Services	\$11,795.90
		\$0.00	Retirement Withdrawal	\$7,546.18

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
American Express Bank, FSB, vs. Catherine Lanham 16-2-06794-8 SEA	Complaint for Monies Due and Owing	King County Superior Court 401 4th Ave. Seattle, WA 98104	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Explain what happened			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Debtor 1 **Catherine L. Lanham**
Debtor 2 **Grace H. Lanham**Case number (if known) **16-13086****Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-3649	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	Unknown
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-3631	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	Unknown
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-1581	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	\$600.78
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-1382	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	\$5.00
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-1599	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	Unknown
BECU PO Box 97050 Seattle, WA 98124-9750	XXXX-1360	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/5/2016	\$383.00

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Bank of America 2830 80th Ave SE Mercer Island, WA 98040	Debtors Only	Assorted Jewelry--listed in Schedule B Important Family Documents	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known) **16-13086**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Support for a Better World 19010 22nd Ave. NE Lake Forest Park, WA 98155	Provided finance and accounting consultation to non-profit businesses.	EIN: 68-0539156 From-To 9/1/2000 to 3/30/2014

N/A

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Catherine L. Lanham
 Catherine L. Lanham
 Signature of Debtor 1

Date June 24, 2016

/s/ Grace H. Lanham
 Grace H. Lanham
 Signature of Debtor 2

Date June 24, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Catherine L. Lanham
Debtor 2 (Spouse, if filing)	Grace H. Lanham
United States Bankruptcy Court for the: <u>Western District of Washington</u>	
Case number (if known)	16-13086

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>6,884.46</u>	\$ <u>1,190.35</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

Debtor 1 Catherine L. Lanham
Debtor 2 Grace H. Lanham

Case number (if known)

16-13086

7. **Interest, dividends, and royalties**
8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

..... \$ **0.00** \$ **0.00**
..... \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **6,884.46** + \$ **2,448.05** = \$ **9,332.51**

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ **9,332.51**

13. **Calculate the marital adjustment.** Check one:

You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

..... \$
..... \$
+\$
Total \$ **0.00** Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12.

\$ **9,332.51**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ **9,332.51**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. \$ **111,990.12**

Debtor 1 Catherine L. Lanham
Debtor 2 Grace H. Lanham

Case number (if known)

16-13086

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

WA

16b. Fill in the number of people in your household.

7

16c. Fill in the median family income for your state and size of household.

\$ 112,085.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 9,332.51

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 9,332.51

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b.

\$ 9,332.51

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 111,990.12

20c. Copy the median family income for your state and size of household from line 16c.

\$ 112,085.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Catherine L. Lanham

Catherine L. Lanham

Signature of Debtor 1

Date June 24, 2016

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Grace H. Lanham

Grace H. Lanham

Signature of Debtor 2

Date June 24, 2016

MM / DD / YYYY

Debtor 1 **Catherine L. Lanham**
 Debtor 2 **Grace H. Lanham**

Case number (if known)

16-13086

Current Monthly Income Details for the Debtor

Debtor Income Details:Income for the Period **12/01/2015 to 05/31/2016**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Homestreet Bank**

Income by Month:

6 Months Ago:	12/2015	\$7,140.00
5 Months Ago:	01/2016	\$0.00
4 Months Ago:	02/2016	\$9,166.75
3 Months Ago:	03/2016	\$8,333.34
2 Months Ago:	04/2016	\$8,333.34
Last Month:	05/2016	\$8,333.34
Average per month:		\$6,884.46

Debtor 1 Catherine L. Lanham
Debtor 2 Grace H. LanhamCase number (if known) **16-13086****Current Monthly Income Details for the Debtor's Spouse****Spouse Income Details:**Income for the Period **12/01/2015 to 05/31/2016**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Shoreline School District**

Income by Month:

6 Months Ago:	12/2015	\$1,190.35
5 Months Ago:	01/2016	\$1,190.35
4 Months Ago:	02/2016	\$1,190.35
3 Months Ago:	03/2016	\$1,190.35
2 Months Ago:	04/2016	\$1,190.35
Last Month:	05/2016	\$1,190.35
Average per month:		\$1,190.35

Line 9 - Pension and retirement incomeSource of Income: **Retirement Withdrawal**

Income by Month:

6 Months Ago:	12/2015	\$0.00
5 Months Ago:	01/2016	\$7,546.18
4 Months Ago:	02/2016	\$0.00
3 Months Ago:	03/2016	\$0.00
2 Months Ago:	04/2016	\$0.00
Last Month:	05/2016	\$0.00
Average per month:		\$1,257.70

Non-CMI - Excluded Other IncomeSource of Income: **State of Washington-Dept of Health**

Income by Month:

6 Months Ago:	12/2015	\$2,359.18
5 Months Ago:	01/2016	\$2,359.18
4 Months Ago:	02/2016	\$2,359.18
3 Months Ago:	03/2016	\$2,359.18
2 Months Ago:	04/2016	\$2,359.18
Last Month:	05/2016	\$2,359.18
Average per month:		\$2,359.18

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
<u>\$335</u> total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+	\$550 administrative fee
	\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Western District of Washington

In re **Catherine L. Lanham**
Grace H. Lanham

Debtor(s)

Case No. **16-13086**
Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 3,500.00
Prior to the filing of this statement I have received	\$ 1,000.00
Balance Due	\$ 2,500.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning; communicate with creditors, as needed or requested; preparation and negotiation of reaffirmation agreements as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods, at client's request.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 24, 2016

Date

/s/ Antoinette M. Davis

Antoinette M. Davis 29821

Signature of Attorney

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